

Authorization For Release of Information

I,		(DOB) hereby give my consent to
the following persons	s or agencies:	
	ion regarding my mental health, subs r vocational status, history and recon	stance abuse, medical (inc. HIV/AIDs nmendations with:
Mindful Mind And B	ody	
for the purpose of: \Box Emergencies		
□ Coordinating my □ Legal, educationa		
	mmunication (email, text, skype, we	ts, follow-up contact and service delivery binar, fax, etc) Date
0	Minon.	Date
Parental Consent for	<u>"Munor:</u>	
		Date
Signature(s) of Parel	nt(s)/Guardian(s)	
Witness		Date
Revocation of Conse	ent to Release:	
То:	Client Signature:	Date:
То:	Client Signature:	Date:
То:	Client Signature:	Date: